

Office of Records & Registration
245 Sullivan St., Room 400

REQUEST FORM

DATE: _____

CLASS: **J.D.** 1L ☐ 2L ☐ 3L ☐ **Non-Degree** ☐

LL.M F/T ☐ P/T ☐ Non-Matric ☐

NAME: _____

Last First Middle

STUDENT ID NUMBER: N _____ - _____ - _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____
Residence Business

REQUEST: (*Please specify fully and include reason for the request*)

Mail ☐ (5 business days for processing)

Pick-Up ☐

Date: _____

Time: _____

STUDENT SIGNATURE: _____